

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only S Rec'd 1447-1 2006
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 9103	2. Fiscal Year Covered From:			
014-785	D1/01/05 Through: 12/31/05			
Name and address of person filing.	Name, file number, and address of labor organization.			
Name ROBERT C. FLEISCHEL	Name PLUMBER L.U.27			
Robert C. "Bob" Fleischel 805 Moondale Drive Glenshaw, PA 15116	Labor Organization File Number 0/6 785			
D.O. Boy Bide Room No. if any	P.O. Box, Building and Room Number, if any			
Street 1040 MONTOUR W. IND. BLVD. City Cotzaopolis	Street 104 MONTOUR W. IND. BLVD. City Corrolls			
city CatzAopolis	City CORADPOLIS			
State PA ZIP Code + 4 /5/108	State PA ZIP Code + 4 /5 748			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Sign	ature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Salus Of Cericles	On 14-25-06 412-481-491) Date Telephone Number			

B. Held an interest in or derived incor substantial part of which consists of b of an employer whose employees you (2) any part of which consists of buyin dealing with your labor organization o	ouying from, selling or leasing to, our large labor organization represents or the from or selling or leasing directly	or otherwise dealing with the business is actively seeking to represent, or y or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).		9. Business deals with:
Name Trade Name, if any:		a. Labor Organization b. Trust
Street		
City		
State	ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		11.b. Approximate dollar value of such dealing.
City		12.a. Nature of interest held or income received.
State	ZIP Code + 4	
		12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name High MARK BLUE CROSS Trade Name, if any P O. Box, Bidg., Room No., if any Street 120 FIFTH AVC. City PITSSURGY State PA ZIF. Code + 4 5222 3099	14.a. Nature of payment. GOLF DUTINGS 5-16-05 - 261.00 8-30-05 - 181.00 442.00		
13 b. Is the Business an Employer or Consultant ?	14 b. Amount of payment. 442.00		